Please note:

This form must be signed.

All questions must be answered.

Office use only
Date Received:

Do not change the question numbers or sequence and <u>completed form should not exceed 7 pages</u>
No letter of application, CV or written reference should accompany this form.

APPLICATION FOR TEACHING POSITION Coláiste Chiaráin – Leixlip

Teaching Post applied for:					
I. PERSONAL DETAILS					
First Name:	Surname:				
Home Address:	Correspondence Address: (if different)				
Home Phone Number:	Mobile Phone Number:				
Tionie Filone Number.	WIODITE FITOTIE NUTIDET.				
Email Address:					
Are there any restrictions regarding your	employment? Yes No				
(if you answer Yes, please provide details	s on separate sheet)				
Do you require a Work Permit?	Yes No				
Are you registered with the Teaching Cou	ıncil? Yes No				
If YES, Teaching Council Registration Nu	mber:				
Subjects you are registered to teach:	1.				
	2.				
If NO, are you eligible for registration and register?	willing to				

Please note that the successful candidate will be paid by DES and will have to fulfill DES conditions which include registration with the Teaching Council.

2. PRESENT POSITION

Please give details of your current position:					
Employer:	Address:		Job Title:		
How much notice do you need to your current employer?	o give		1		
3. QUALIFICATIONS					
3.1 Second Level Education					
Leaving Certificate/Equivalent Year					
School attended:					
Subject		O	Grade	Higher/Ord	
3.2 Primary Degrees/Diplomas:					
University/Institute/College:					
Oniversity/institute/College.					
Qualification (Hons/Pass): Awarding Bo			ody:		
Year of Entry: Year Qualifie			ïed:		
Subjects studied:					
First Year Subjects		Final Yea	Subjects		

3.3 PME/PGDE / HDIP / Equi	<u>ivalent</u> :				
University/Institute/College:					
Qualification:		Awarding Body:			
Year of Entry:		Year Qualifie	d:		
Teaching Practice Grade:					
Subjects studied:					
3.4 Post graduate Qualificat	tions .				
University/Institute/College:					
Qualification:		Awarding Boo	dy		
				l .	
3.5 In-Service Courses/Train List any in-service courses/train these courses. Start with the mo	ing you have received. P	lease include da	ates of the relevant training a	and duration of	
Name of Course	Name of Organisation	n/Institution	Length of Course	Year	

4. EMPLOYMENT HISTORY

4.1 Teaching ExperiencePlease provide details of your teaching experience beginning with the most recent post.

Name & Address of School	Contract Type PWT/RPT/Part- time	If pro-rata part-time, timetabled hours per week.	Subjects Taught	Level
	Name & Address of School	Name & Address of School Contract Type PWT/RPT/Part-time	Name & Address of School PWT/RPT/Part-time If pro-rata part-time, timetabled hours per week.	Name & Address of School Contract Type PWT/RPT/Part-time If pro-rata part-time, timetabled hours per week. Subjects Taught

4.2 Non-Teaching Experience (if applicable)Please provide details of your work history beginning with the most recent post.

Dates (From/To)	Name & Address of Employer	Position held	Summary of Main Duties

5. SUPPORTING STATEMENT

any extra-curricular activities you have organised and are willing to promote.						

This section is for you to provide a summary of your teaching experience, your approach to teaching and

6. REFERENCES

Please provide names, addresses and position/occupation of two people (other than relatives or friends) with knowledge of you and your work to whom professional reference can be made. One should be your current or most recent employer. [Please note: your referees may be contacted without further communication with you and prior to selection interview if shortlisted for interview].

Present or most recent employer:

Name & Title:	Position Held:	Telephone/Mobile:	Email:				
Full address:							
Other referee:							
Name & Title:	Position Held:	Telephone/Mobile:	Email:				
Full address:							
8. DECLARATION AND SI	GNATURE						
n the event of you being recommende	ed for this position, the Board of Mar	nagement is obliged to	comply with the terms				
of current DES circular letters. f you are recommended for this position							
Management when the offer of employ employment if a satisfactory vetting dis		Management may witho	raw an offer of				
The Board of Management cannot ente	er into a Contract of Employment w						
By signing below, you consent to a vetting disclosure, received by the Teaching Council from the Vetting Bureau, being made available to the school in accordance with the requirements of Circular Letter 31/2016.							
You are also required to sign the declaration below certifying that all information you have provided is accurate.							
The Selection Committee may wish to check any of the details you have provided. Providing incorrect information or deliberately concealing any relevant facts may result in disqualification from the							
selection process or, where discovery is made after an appointment, in summary dismissal.							
Appointment is subject to approval by the Department of Education & Skills and the Redeployment Section.							
I declare that the information supplied in this application form is accurate and true.							
Signed		Date					
- 5.00							

Completed Applications should be returned <u>by post only</u> on or before <u>12.00h Thursday 1st August 2019 to:</u> <u>The Secretary, Board of Management Coláiste Chiaráin, Celbridge Road, Co. Kildare.</u>

PLEASE NOTE: If you are awaiting confirmation of registration with the Teaching Council, please insert 'Pending' in the Teacher Registration Number section of this Application Form. Any offer of employment will be conditional on registration with the Teaching Council and subject to the satisfactory outcome of the Garda Vetting Process and satisfactory references.